# RE: EFFECTIVENESS AND SAFETY OF BLOOD TRANSFUSION: HAVE WE LOST THE PLOT?

#### Sir.

In the editorial by McClelland and Contreras on blood transfusion¹ there is a statement implying that the 'rather late' identification of variant CJD was 'heavily criticised' in the report from the BSE Inquiry. This is simply wrong. The Inquiry stated: 'We commend the sterling work of the National CJD Surveillance Unit team, who so promptly detected the emergence of vCJD and so efficiently established the clinical and pathological characteristics of the disease'. In view of the subject of the editorial, the authors should be aware that probable transfusion transmission of vCJD was also identified very promptly by the National CJD Surveillance Unit.

## RG Will<sup>1</sup> and JW Ironside<sup>2</sup>

<sup>1</sup>Professor of Clinical Neurology, National CJD Surveillance Unit, Western General Hospital, Edinburgh Scotland; <sup>2</sup>Professor of Clinical Neuropathology in the University of Edinburgh and Honorary Consultant Neuropathologist to Lothian Hospital Division.

## **REFERENCES**

- I McClelland DBL, Contreras M. Effectiveness and safety of blood transfusion: have we lost the plot? JRCPE 2005; 35:2–4.
- 2 The BSE Enquiry: the Report. Volume 1: Findings and Conclusions. Executive Summary of the Report of the Inquiry. p 100. http://www.bseinquiry.gov.uk/report/volume1/execsum6.htm

### Sir,

Professors Will and Ironside have expressed concern at a sentence in our recent editorial that reads 'The management of the BSE epidemic and the rather late recognition that there is a human form, vCJD, was heavily criticised in the Phillips report'. We wish to make it absolutely clear that this was in no way intended to imply criticism of the work of the National vCJD Surveillance Unit. As they point out, the Report (Chapter 8) specifically commends the work of the Unit.

Our comment was intended only to give some background to the increasingly precautionary approach to blood safety. We had in mind passages in the Report such as the ones below that are indeed critical of the handling of the possible risk that humans might become infected.

'The Southwood Working Party considered that all reasonably practicable precautions should be taken to reduce the risks that would exist should BSE

prove to be transmissible to humans. However, they did not make this plain in their Report and did not recommend that the possible risks from eating animals incubating BSE but not yet showing signs of the disease ("subclinical cases") called for any precautions . . .

'Concern about the food risks posed by subclinical cases was, however, expressed by some scientists, by the media and by the public. With the agreement of DH, MAFF reacted by announcing in June 1989 that those categories of offal of cattle most likely to be infectious (SBO) were to be banned from use in human food. The introduction of this vital precautionary measure was commendable. However, this ban was presented to the public in terms that underplayed its importance as a public health measure.

'The increasing knowledge about BSE over the years, which threw doubt on the theory that it would behave like scrapie, was not concealed from the public. However, the public was not informed of any change in the perceived likelihood that BSE might be transmissible to humans. The public was repeatedly reassured that it was safe to eat beef. Some statements failed to explain that the views expressed were subject to proper observance of the precautionary measures that had been introduced to protect human health against the possibility that BSE might be transmissible. These statements conveyed the message not merely that beef was safe but that BSE was not transmissible. The impression thus given to the public that BSE was not transmissible to humans was a significant factor leading to the public feeling of betrayal when it was announced on 20 March 1996 that BSE was likely to have been transmitted to people'.1

We accept that we should have chosen our words more precisely to convey the sense of these passages

We willingly offer our apologies to our colleagues in CIDSU for any affront caused.

#### DBL McClelland<sup>1</sup> and M Contreras<sup>2</sup>

<sup>1</sup>Strategy Director, Scottish National Blood Transfusion Service, Royal Infirmary, Edinburgh, Scotland; <sup>2</sup>Professor of Transfusion Medicine, Royal Free Hospital Medical School, National Director of Diagnostics, Development & Research, National Blood Service, London, England

## **REFERENCES**

I The BSE Enquiry: the Report. Volume 1: Findings and Conclusions. Executive Summary of the Report of the Inquiry. http://www.bseinquiry.gov.uk/report/volume1/execsum6.htm